

Regional and International Policy Responses and Lessons Learnt

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This presentation focuses on **international institutions** and does so in **two ways** – first, how they helped CARICOM members **implement** their Port of Spain Summit (POSS) commitments, and second, how POSS in turn **shaped** the global governance of non-communicable diseases (NCDs) at the UN. It argues, first, that international institutions **importantly** helped CARICOM members **implement** their POSS commitments, although more action is needed on **nutrition** and even on the successful Caribbean Wellness Day (**CWD**). It argues, second, that POSS significantly **catalysed** the 2011 United Nations High Level Meeting on Non-communicable Diseases (UNHLM), but POSS influence then **faded** and implementation of the UN commitments was **slow**. Thus, new **impetus** from the Caribbean is now needed, especially through regular CARICOM **summit** review of its POSS and UN commitments, stronger multisectoral **synergies** and raising **revenue** in support.

1. International Institutional Assistance in POSS Implementation

First, **how much** and **how** did international institutions help CARICOM members implement their POSS commitments and **which** institutions helped the most? In short, the institutions played a **central part**, directly and indirectly, in leading and supporting members, with the Pan American Health Organization (**PAHO**), the Healthy Caribbean Coalition (**HCC**) and later the Caribbean Public Health Agency (**CARPHA**) standing out. But **others** must now act to finish the job.

Methods and Evidence. These key findings emerge from a) an overall **analysis** of whether specific POSS commitments had higher implementation when international institutions were involved and their indicator was specific; b) an **assessment** of the strengths, weaknesses and opportunities of institutional involvement; and c) detailed **case studies** of seven Caribbean institutions, PAHO and the experience of CWD.

Relevant Institutions. These analyses first show that international institutions were **available** to assist POSS implementation. Of the 27 commitments made at POSS, **six** identified and two implied specific international institutions (both within and outside the Caribbean) to assist implementation. Several other international institutions had internal **mandates** to assist and many more were **informally involved**.

Institutional Assistance. These international institutions did help increase implementation. Greater institutional involvement in implementing a commitment led strongly to its higher implementation. Specifically, among the 26 indicators of POSS implementation, 15 were top implementing performers by 2014 and 12 (80%) of them had assistance from regional organizations, mostly **PAHO**.

Specificity. Specificity also **helped**. Indicators suggesting specific actions (such as CWD and the Global School Health Survey) had higher implementation, especially when, **in a winning combination**, they had higher institutional assistance too. The majority of high-performing indicators had specific roadmaps, models or blueprints, such as the Framework Convention on Tobacco Control (**FCTC**) backed by the World Health Organization, **CWD** supported by PAHO and CARICOM, and **risk factor surveys** supported by CARPHA and the US Centers for Disease Control and Prevention. The **bottom 10** performing indicators **lacked both** institutional assistance and specificity, notably those involving programs for **communications, schools and nutrition**.

Nutrition. Above all, there has been **little progress** on the **three indicators** directly related to improving the macro determinants of nutrition. This is linked to relatively low levels of **national food** production, a reliance on food **imports** and the influence of economic and social **globalization**, including the region-wide activities of transnational food and beverage **firms**. Stronger **regional cooperation** is required, particularly among CARICOM bodies, including the Office of Trade Negotiations (OTN), Caribbean Regional Organisation for Standards and Quality (CROSQ) and CARICOM's Council for Trade and Economic Development (COTED). Some also note weakening support for nutrition after the Caribbean Food and Nutrition Institute (**CFNI**) was subsumed into CARPHA.

Caribbean Wellness Day. CWD has been one of the **most successfully** implemented POSS indicators, due in large part to its institutional support from the **HCC**, nongovernmental organizations (**NGOs**) and the **private sector**. It has been observed in **19 of 20** CARICOM countries, with more than half celebrating it every year. Thanks to the HCC, civil society and, at times, the private sector have been successfully involved, fostering an **all-of-society response** to NCDs. Strengthening this success now needs **four steps**: CWD focal points' access to an annually updated **tool kit** to guide their activities; a **survey** of CWD's impact on the general public, to help take the wellness message to previously unreached groups; a formal **framework** for monitoring and evaluating CWD's efficacy; and greater regionally facilitated **collaboration** and improved networking between member states.

2. POSS Influence on UN NCD Governance

Looking upward from the Caribbean to the world as a whole, we now ask how POSS **shaped** the **global governance** of NCDs at the UN. In short, POSS **significantly catalysed** and **crafted** the 2011 UNHLM, but POSS influence then faded and implementation of the UN commitments was slow.

More specifically, POSS importantly **spurred the holding** and **shaped the agenda** of the UNHLM. This was **due to** the long-term regional-to-global ambition of those promoting the summit, supportive Caribbean leaders, financial support from outside the region for POSS and its implementation and skilled diplomacy toward and at the UN, including WHO and civil society in support. As a result, the UN outcome document **began with a tribute** to POSS. And **16 of the 27** POSS commitments were reflected in at least one of the 205 UN commitments. However, **compliance** with the UN commitments was **low** and **slow**, in part because the tobacco and alcohol **industries** protected their interests, **trade** dominated health, and there were no additional **resources** and robust **monitoring** mechanisms for implementation.

Methods and Evidence. These conclusions arise a) from the published literature, official documentation and ongoing **interviews** on the process of producing POSS, the UNHLM and its aftermath; b) by applying the University of Toronto's G7 Research Group framework on summit performance to **match** the commitments of POSS, the 2011 UNHLM and the 2014 UNHLM Review; and c) by using it to assess the **compliance** of western hemisphere members with selected commitments made in 2011.

Producing POSS. The process of producing POSS began with the 2001 CARICOM Nassau Summit **declaration** — “The health of the region is the wealth of the region” — and its call for a task force “to propel health to the centre of the development process.” The task force, called the Caribbean Commission on Health and Development (**CCHD**), was chaired by Sir George Alleyne and composed of public health professionals, economists, and representatives of key regional organizations. It told CARICOM cabinets and then many others that NCDs and **obesity** represented one of the three major health problems in the Caribbean. **Lobbying** for a regional NCD meeting based on a multisectoral approach then began.

The POSS Product. POSS was the **world's first** summit dedicated to NCDs. It was held on September 15, 2007, hosted by **Trinidad & Tobago**, chaired by **Barbadian** prime minister and CARICOM chair Owen Arthur, and attended by heads or senior officials from all CARICOM countries. Focused on **prevention**, it made **commitments** to curtail smoking, improve physical activity, nutrition

and healthy diets, scale up preventive treatment and education and, innovatively, declare the second Saturday in September as **CWD**. **Alcohol** was largely absent, and the one commitment containing it referred to using **tax revenues** from drink sales to fund NCD programmes and national NCD commissions. Remember, as our workshop proceeds — the leaders of all CARICOM members **already promised** to do this long ago.

From POSS to the UN

After POSS, CARICOM leaders knew their regional approach should be **replicated** at the global level. Considerable **lobbying** was needed to have the UN Secretary-General see the opportunity and support a leaders-level meeting on NCDs. The process involved three **parallel streams**:

- 1) the **political** process initiated by leaders at CARICOM to bring WHO on board;
- 2) the **technical** process to have key players understand NCDs and their importance; and
- 3) the **strategic planning** process about what the UNHLM would do.

Success was due to **five key factors**:

- 1) NCD pioneers having a long-term, regional-to-global **ambition**,
- 2) supportive **national leaders**,
- 3) supportive **plurilateral summits**, notably the 2009 Commonwealth Heads of Government Meeting in Port of Spain, attended by 12 CARICOM leaders, and issuing a call for a UN General Assembly Summit on NCDs to be held in September 2011,
- 4) a vibrant **civil society**, and
- 5) a strong **evidence and educational** base to persuade leaders to act.

From UNHLM 2011 to the SDG Summit 2015

The UNHLM in September **2011** was attended by **33** country leaders and produced **205** commitments. Three years later, in **2014**, a UNHLM Review made **105** commitments. The following year, in September **2015**, a well-attended UN summit on the 2030 Agenda for Sustainable Development — which launched the Sustainable Development Goals (**SDGs**) — set a **target on NCDs** for the first time.

POSS Impact on the UN by 2011

POSS **substantially shaped the outcome** of the 2011 UNHLM, as follows:

- 1) **Preambular Praise.** The political declaration of the UNHLM opened by thanking various regional initiatives, starting with the POSS Declaration titled “Uniting to stop the epidemic of chronic non-communicable diseases.”
- 2) **Majority Commitment Match.** Over half (56%) of the UNHLM commitments matched at least POSS one. Reciprocally, 59% of the POSS commitments were reflected at least once in the UNHLM ones.
- 3) **Frequent Commitment Match.** Four POSS commitments matched many UN ones: strengthening the regional response to NCDs, screening and managing NCD risk factors, increasing physical activity, and research and surveillance for risk factors. Four matched some, seven few and 11 none.

CARICOM Compliance with UNHLM Commitments

Preliminary results suggest POSS may have **kick-started** CARICOM members’ **compliance** with their matched UN commitments in the first year after the summit (although **more work** is needed to support a confident claim).

- The first UNHLM 2011 commitment assessed for compliance (2011-68), on accelerating implementation of the FCTC, **substantially matched** a similar POSS one, had **very high first-year compliance** among **CARICOM** members, but **less** among the **other** western hemisphere ones.
- The second UN commitment (2011-43), on multisectoral interventions through education, civil society and communities, **strongly matched** POSS ones, secured **61% first-year compliance** among **CARICOM** members and **much less** among **other** hemispheric ones.

POSS Impact on the UN by 2015

POSS influence **faded after 2012**. Only a **minority** of the **105** commitments made at the Review UNHLM in 2014 had a POSS precursor. And although the SDG Summit included an NCD target for the first time, it was **only one of 169** such targets and its **few links** to the other targets limited the UN’s whole-of-global governance approach.

Additional Caribbean Contributions to Global NCD Governance

The Caribbean has also innovatively contributed to global NCD governance in **other ways**. They include:

- 1) The **NCD Minimum Data Set**, developed in the Caribbean, piloted in 2006 and now involving PAHO and WHO.
- 2) **Caribbean Wellness Day and Week**, invented by POSS and now inspiring PAHO and the World Economic Forum’s Wellness Week.

- 3) **NCD-like commissions**, begun by Bermuda in 2005, followed by Barbados in 2007, mandated by POSS and recommended by WHO for all its members in 2014.

Other Caribbean contributions, on **oceans**, the **environment**, and **small island states**, prove the region can contribute to global NCD governance in a wider, **whole-of-government** way.

Conclusion and Possible Actions

Based on these results, six candidates for consideration as immediate initiatives stand out:

- 1) Regular CARICOM **summit sessions** on NCDs, held at CARICOM Heads of Government meetings every three years and aligned with UN reporting, such as WHO's 2025 global NCD targets and 2030 SDGs.
- 2) Interministerial **council meetings**, held perhaps every two years, to review and improve implementation of the various regional and international summits' commitments.
- 3) Initiatives to **link the SDG target on NCDs** more directly and synergistically with more of the other ones, now that the critical phase of implementing the SDGs has begun.
- 4) A single, **streamlined NCD monitoring** mechanism that efficiently meets the needs of all key actors,
- 5) Continuous comprehensive **compliance assessments** with NCD-related commitments, extended to explore fiscal, economic and other **co-benefits**.
- 6) **Raising revenue** through increases in tobacco, alcohol and sugary beverage **taxes**, to help implement these recommendations and other priority Caribbean goals.